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CONFIRMATION NO. 3578

<b>SERIAL NUMBER</b> 10/622,928	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> BPI-191
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/397,275 07/19/2002 and claims benefit of 60/411,081 09/16/2002  
 and claims benefit of 60/417,490 10/10/2002  
 and claims benefit of 60/455,777 03/18/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature  Initials				

## ADDRESS

00959

## TITLE

Treatment of metabolic disorders using TNFalpha inhibitors

<b>FILING FEE RECEIVED</b> 2294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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